## ARIZONA DEPARTMENT OF WATER RESOURCES

**WATER MANAGEMENT DIVISION** 

MAIL TO: P.O. BOX 33589, PHOENIX, ARIZONA 85067-3589 3550 North Central Avenue, Phoenix, Arizona 85012 Phone (602) 771-8585 Fax (602) 771-8688

## APPLICATION FOR PERMIT TO WITHDRAW GROUNDWATER FOR DEWATERING PURPOSES WITHIN AN ACTIVE MANAGEMENT AREA (A.R.S. § 45-513)

INS	TRUCTIONS:		L FOR	R DEPARTMENT USE	ONLI					
1. 2. 3.	COMPLETE ALL APPROPRIATE IT APPLICATION AND SIGN IN DESIGN and to P.O. Box 33589, Phoenix, A in person to 3550 North Central A Pursuant to A.R.S. § 45-113 the agand the permit fee is \$50.00. The issuance of permit.  USE EXPLANATORY SECTION OF	GNATED PLACE. Arizona 85067-3589 or deliver venue, Phoenix, Arizona 85012. oplication fee is \$150.00 permit fee will be requested prior	Application/Perm Filed AMA S/B	w/S_						
	GENERAL DATA									
1.	Name of Applicant									
	City	State	Zip	Telephone	Number					
2.	AMA:	Sub-basin								
	Name of owner of land where groundwater will be withdrawn:									
3.	Name of owner of land where o	groundwater will be withdrawr	n:							
3.	Name of owner of land where o	groundwater will be withdrawr City	n:State		Zip					
<ol> <li>4.</li> </ol>		City	State		Zip					
	Mailing Address	City e groundwater will be used: _	State		Zip					
4.	Mailing Address Legal description of land where	City e groundwater will be used: _	State		Zip					
4.	Mailing Address  Legal description of land where go the second se	City e groundwater will be used: _ groundwater will be used if dif City	State ferent than No	o. 3:	Zip					
4. 5.	Mailing Address  Legal description of land where government of land whe	City e groundwater will be used: _ groundwater will be used if dif  City n and metallurgical processing	State ferent than No	o. 3:	Zip					
<ul><li>4.</li><li>5.</li><li>6.</li></ul>	Mailing Address  Legal description of land where go the Mailing address  Describe the mineral extraction	City e groundwater will be used: _ groundwater will be used if dif City n and metallurgical processing	State  ferent than No g operation: ered:	5. 3:State	Zip					

I.

II.

A.	Wells already in existen	ce:							
	Location	Depth	Diameter of Casing	Casing Type	Registration No				
					55				
					55				
					55				
В.	New wells: Complete ar	nd attach a Well Co	nstruction Supplement, DWR I	Form 55-90, for eac	ch new well.				
C.	Describe sump pump or other withdrawal system (Registration number to be assigned by DWR for each point of withdrawal:)								
	Note: All points of withdrawal must be measured and withdrawals of groundwater must be reported on an annual withdrawal and use report. Give Township, Range, Section and ¼ ¼ ¼ of all points of withdrawal:								
10.	Total estimated volun requirements:	•	r necessary to meet minera	l extraction and ı	metallurgical processing				
11.	1. Total estimated volume of groundwater necessary for municipal and industrial needs of communities and residential areas directly related to applicant's processing operation: acre-feet.								
12.	ldentify the water right numbers and legal description of any irrigated acres of land owned or controlled by the applicant:								
I (w	re),(print name)		hereby affirm th	at all information	provided in this				
app	olication is true and co	errect to the best of	of my/our knowledge and be	elief.					
Sig	nature of Applicant(s)			Date_					

9. Groundwater to be withdrawn by means of: